* Last	First		Middle			
2. Other Names that you have	used:					
	*Last	First	Middle			
3. Birth Date						
*Month/l	Day/Year					
4. Where you were born:						
	*State or Country if no	t in USA				
5. Driver's license Number:						
6. Social security number:						
7. Race	\square W	/hite	☐ Native American/Eskimo/Aleut			
	□с	hinese	☐ Filipino			
	☐ In	ndo-Chinese (Vietnamese, Cam	bodian, Laotian)			
	□о	ther	Unknown			
8. Ethnicity	□н	ispanic Non-Hispanic	Unknown			
9. Sex		Iale Female				
10. Maiden name:	_	_				
	Last	First	Middle			
11. Mother's maiden name						
	Last	First	Middle			
12. Mother's birth date						
121 Hastiner & Strike Guide	Month/Date/Y	'ear				
13. Marital Status	Never Mar		Remarried, Living Together			
101 112411411 204141	☐ Widowed	= '	udes Dissolution and Annulment)			
	☐ Separated	Unknown	ades Dissolution and I immument)			
14. Spouses Name:	Бершиев					
The Spouses Frame.	Last	First	Middle			
15. Spouse's birth date	Last	11100	Wilde			
ze. Spouse s chair date	Month/Date/Y	'ear				
16. Is anyone else in your fami			☐ Yes ☐ No			
If yes, what are their names		intal Housell Bol vices.				
ii yes, what are then hame.	Last	First	Middle			
	Last	That	Wilde			
	Last	First	Middle			
17. With whom do you live?	Last	11180	Wildle			
Lives alone in house or apa	artment	☐ Communit	y Hospital or Psychiatric Health Facilit			
Lives with Immediate Fam						
Lives with extended family			ted (Juvenile Hall, Community			
Lives with non-related per			acility, CYA Home)			
Foster care home – childre			rter (Dorm, barracks, migrant camp, eable residence			
☐ Small community care fact ☐ Large community care fact		Other	able residence			
SNF/ICF	inty (7 or more)	Unknown				
County of San Diego						
Health and Human Services Ag	encv	Client:				
Mental Health Services		MR/Client ID #:				
CLIENT QUESTIONNAIR	r E					
		Program:	D 1 60			
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1. Name: _____

18.	Address:	*Number and Street								
		*City		State			Zip			
	Home phone number:	()							
20.	20. Nearest Relative:		*Last First							
21.	Relationship to you:									
22.	Relatives Address:	No. and a se	and Street							
		Number	and Street							
23.	Your preferred primary language:		nese	State Spanish Korean		Chinese Vietnamese	Zip			
2.4	W/L	☐ Taga	aiog	Sign Langua	ge	Other				
	Where were you referred from? Employment status:	Full Part Full Part Une: Not								
26.	Employer:									
27.	Employer's phone number:	()							
28.	Check and circle the highest level	Elen	nentary K 1 2 3 4 . ege 1 2 3 4	5678	☐ Gra	ch School 9 10 11 aduate School 1 2				
29.	Disability				Spe	known eech Impairment vsical Impairment known	– Mobility Related			
30.	Who is financially responsible for	this bill?								
31.	Address		*Last Name		First		Middle			
21.	Tradicos		*Number and Str	eet						
			*City		State		Zip			
33. 34.	Employer What is your insurance company Are you carrying a weapon such as Do you receive Veterans benefits?		knife Yes	□ No □ No	_	☐ Medi-Cal	☐ Medicar			
Care Co	ce use only*oordinator									
UMDA Yearly l	PLiability									
Kenewa	u Date									
Financia	al Classification									
Co	ounty of San Diego									
Health and	County of San Diego Health and Human Services Agency		Client:							
Mental Health Services			MR/Client ID #:							
CLIEN	T QUESTIONNAIRE		Programe							
THICA	MILE 016 (06/2002)	70	1 rogram.		Da	vga 2 of 2				

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